

WISDOT LAND DIVISION REVIEW REQUEST

DT1636 9/2002

Wisconsin Department of Transportation

Land Division Name		<input type="checkbox"/> Conceptual
County	Highway	<input type="checkbox"/> Preliminary
Section/Town/Range		<input type="checkbox"/> Final
Municipality or Township		

Submitter Name, Company and Address

Area Code – Telephone
FAX Number
E-Mail Address

Land Divider Name and Address

Area Code – Telephone
FAX Number
E-Mail Address

Buyer Name and Address

Required Enclosures – Legal Document (Check one)

1. ☐ Subdivision Plat
- ☐ Certified Survey Map
- ☐ Warranty Deed
- ☐ Plat of Survey & Deed
- ☐ County Plat
- ☐ Condominium Plat
- ☐ Other _____

Required Additional Information

2. ☐ Sketch (per TRANS 233.04)
3. ☐ Fee: \$110.00 check attached
4. ☐ Special Exception Request*
☐ Access ☐ Setback ☐ Other
5. ☐ Drainage Plans/Calculations*
6. ☐ Last Deed of Record & Tax Parcel Numbers _____

(Include contiguous parcels of current land owner)

7. ☐ Driveway Permit/Application Submitted
(If requesting additional driveway)
or copy of Existing Permit Attached

Required Notes on survey map or deed

- ☐ Hwy Setback (TRANS 233.08)
- ☐ Access (TRANS 233.05 & 233.06)
- ☐ Noise* (TRANS 233.105-1)
- ☐ Vision Corner* (TRANS 233.105-2)

*if applicable

All existing driveways & connections to the State Highway System must have an approved special exception; driveways are not grandfathered.

Current Land Owner of Record	Current Zoning and Land Use
Address	Proposed Zoning and Land Use
Area Code - Telephone Number	Potential Additional Land Divisions

DOT INTERNAL USE ONLY

Submittal Complete** <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Date Time Limit Expires	Time Extension
DOT Reviewer	Central Office	Receipt #	DOT Certification #

**Receipt of COMPLETE submittal starts 20 day review period. Incomplete submittals may be returned.